

A 3 month FREE trial
of HSF health plan for all
new G4S employees to
start using NOW!



The G4S health cash plan



HSF health plan for G4S employees - try before you buy!

Here are the immediate benefits you get for your 3 month FREE trial of Scheme 100 or the reduced rate for schemes 220 to A inclusive.



Dental & Optical



Specialist & Investigations



Hospital



Personal Accident



Practitioner



HSF Assist



HSF Perkbox

You can start with the entry level Scheme 100 which you will get free for the first three months. After which your cover will automatically continue for £1 per week (£4.33 per month) paid direct from your salary and cover will include your family at NO EXTRA COST!

If you would like to trial a higher plan* you can do so and you will pay the amount of the scheme you choose discounted by £1 per week/£4.33 per month for the first three months.

So if you choose to try out Scheme A you would pay just £5.60 per week or £24.27 per month for the first three months, thereafter you would begin to pay the full amount of £6.60 per week or £28.60 per month.

It's as simple as that, no Direct Debits to set up and no annual premium to save up for! Should you not wish to continue with your plan after your free trial, all you need to do is contact HSF health plan before your trial ends.

***Scheme 100 is available for the free trial and Schemes 220, 330, 440, 550 and A are available at a discounted rate**

What is HSF health plan?

HSF health plan is a health cash plan, an easy and affordable way to help you cover the cost of everyday healthcare such as dental, optical and physiotherapy, plus it gives you support for more serious healthcare issues. With over 30 health benefits available, it provides an added security for you and your family's health in these ever changing times.

How does it work?

It's simple. You pay a premium for the scheme that suits you best, then you claim cash back for your treatments as and when you need it. And so your family doesn't feel left out, we also offer to cover the healthcare of your Spouse/Partner and children (up to age of 18) at no extra cost.

For example you may have a trip to the dentist and have a routine check-up and find you need a filling. Even with an NHS dentist, you will have a £53.90 bill. And a private dentist could cost considerably more.*

With HSF health plan you could get half or all of that cost back. Reimbursement of most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim (not from your joining or scheme increase date or from a calendar year).

For example: a Scheme A policyholder, after serving the qualifying period, who has up to £400.00 to claim for dental/optical expenses in any 12 consecutive months; could have the following claim record:

Date Claim Paid	Claim Paid Amount	Remaining Balance in the Scheme A Dental/Optical Category
17 June 2016	£350.00	A balance of £50.00 remains.
5 October 2016	£50.00	Now a nil balance is left. The next available amount will be £350.00 on 17 June 2017.
11 August 2017	£250.00	A balance of £100.00 remains.

Within any consecutive 12 month period, the claim paid amount has not exceeded £400.00. After each claim is paid the amount becomes available again 12 months later.

Primary and Extra Cover Schemes – what are the differences?

Our Primary Schemes 100 to 550 offer a wide range of health categories at affordable prices. With Primary Schemes, we reimburse you 50% of your professional treatment costs up to the maximum amounts shown on the table opposite.

Our Extra Cover Schemes A to D are for those who would like our 100% cover for themselves and their families. With Extra Cover Schemes, we reimburse you 100% of your professional treatment costs up to the higher maximum amounts shown on the table opposite. All of our schemes include **HSF Assist** which provides: GP Advice Line, Virtual Doctor, Counselling, Medical Information and Legal Advice.

Are there any restrictions?

Most benefits have a three month Qualifying Period (10 months for Birth & Adoption and 12 months for Eye Laser Treatment and Implantable Contact Lenses). There are pre-existing health condition restrictions on all benefits with the exception of Dental, Optical and Chiropody/Podiatry.

Full details are shown in the Policy Terms & Conditions, available immediately on request from your HSF Account Executive. These are also sent to you in your welcome pack.

HSF health plan and The Hospital Saturday Fund.

HSF health plan is the trading company of the registered charity The Hospital Saturday Fund.










All those who join HSF health plan, just by belonging, are making a contribution to the important work of the charity, not something which usually happens when an insurance policy is taken out.

To find out more information about HSF health plan, you can contact us on

0800 917 2208

Our benefits - at a glance

Spouse/Partner and dependent children (under 18)
covered at no extra cost!

G4S Corporate Schemes	Primary Schemes					Extra Cover Schemes			
	100 £1.00 a week £4.33 a month	220 £2.20 a week £9.54 a month	330 £3.30 a week £14.30 a month	440 £4.40 a week £19.06 a month	550 £5.50 a week £23.84 a month	A £6.60 a week £28.60 a month	B £9.00 a week £39.00 a month	C £11.00 a week £47.67 a month	D £14.00 a week £60.66 a month
	Dental and Optical								
	£50	£100	£200	£275	£350	£400	£550	£700	£850
	50% cover					100% cover			
Dental Trauma	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500	£2,000
	Practitioner: Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy, Chiropody/Podiary								
	£100	£200	£300	£400	£500	£600	£800	£1,000	£1,200
	50% cover					100% cover			
	Specialist and Investigations – Including Allergy Testing and Health Screening								
	£200	£400	£600	£700	£800	£1,200	£1,400	£1,600	£1,800
	50% cover					100% cover			
	Birth Grant / Adoption Grant (per child)								
	£100	£200	£300	£400	£500	£600	£800	£1,000	£1,200
	Hospital: General and Hospice, Accident, Elderly and Mental Illness (Amounts per night up to a maximum of 40 nights)								
	£16	£32	£50	£66	£80	£75	£100	£120	£150
	Recuperation – Grant after 7 nights Or after 15 nights								
	After 7 nights £40	£80	£100	£120	£150	£150	£180	£225	£300
	Or after 15 nights £60	£120	£150	£170	£200	£225	£255	£300	£360
	Day Case Surgery and Treatment (Amounts per day up to a maximum of 8 occasions)								
	£16	£32	£50	£66	£80	£75	£100	£120	£150
	Home Care Assistants and Home Help								
	£125	£250	£375	£500	£625	£750	£1,000	£1,250	£1,500
	50% cover					100% cover			
	Personal Accident – Including Dental Trauma								
Permanent Disability – up to	£5,000	£7,500	£10,000	£12,500	£15,000	£20,000	£25,000	£30,000	£40,000
Accidental Death	£2,500	£3,750	£5,000	£6,250	£7,500	£10,000	£12,500	£15,000	£20,000
Temporary Disability	Not Included	Not Included	£30 per week	£40 per week	£50 per week	£60 per week	£90 per week	£120 per week	£170 per week
Fracture – up to maximum per accident	Not Included	Not Included	£375	£575	£775	£950	£1,450	£1,950	£2,450
Facial Disfigurement – up to maximum	Not Included	Not Included	£600	£900	£1,200	£1,500	£2,300	£3,100	£3,900



HSF Assist® - Available on all schemes

GP Advice Line, Virtual Doctor, Counselling Service, Medical Information and Legal Advice.



HSF Perkbox - Available on all schemes - web based service only

Money saving offers, Discounted Gym Membership, Special Priced Cinema Tickets, Everyday Shopping Discounts plus much more. (Internet connection and email required for access).

*Children up to age 18 and living at same address.



Questions & Answers

Q Can I increase to a higher scheme at any time?

A You may change schemes before the age of 71.

Q Do I have to have a medical to join?

A No. You need only complete and sign the health declaration on the application form.

Q Do older people pay higher rates?

A No, all ages pay the same rates.

Q How do I pay?

A Through a pay deduction facility operated by your employer.

Q Can I get cover for my partner and family?

A Yes. Give details of your partner and dependants on your application form and they will be included for free.

Q Are benefits taxable?

A No. You keep all you receive from HSF.

Q What qualifying periods are imposed?

A For most benefits claims will be accepted after 3 months, any exceptions are clearly indicated in the terms and conditions.

Q How do I make a claim?

A Claim forms are available on request by telephoning the number indicated on the reverse of your certificate of cover or from our website.

Q How do I receive my money?

A By direct credit into your Bank account.

Q When does my cover begin?

A Cover begins on the date printed on your certificate of cover for some benefits and qualifying periods begin on that date as well.

How to apply

- 1: Select the scheme which best suits your needs.
- 2: Complete the application form, remembering to include the names and dates of birth of everyone to be included.
- 3: Write all the medical information requested concerning yourself and everyone else included on the application form.
- 4: Complete the payroll deduction part of the application form.
- 5: Send the form to the address printed at the bottom of the application form or hand it to a HSF Account Executive – we will do the rest.

A welcome pack will be sent to your home address and the date stated on the certificate will denote when your cover began.

Head Office

24 Upper Ground, London SE1 9PD

Tel: 020 7928 6662

Fax: 020 7928 0446

Cover enquiries: 020 7202 1380

Email: customer@hsf.eu.com

Claims enquiries: 020 7202 1381

Email: claims@hsf.eu.com



HSF health plan Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.



Fast Track Application
 If you have any questions, call
0800 917 2208
 enquiries@hsf.eu.com



HSF AR Code

Policy Number

HSF use

1 - Personal information THIS PART MUST BE COMPLETED IN ALL CASES

I apply to join HSF health plan at the rate indicated (PLEASE TICK)

Scheme 100 £1.00 per week £4.33 per month	Scheme 220 £2.20 per week £9.54 per month	Scheme 330 £3.30 per week £14.30 per month	Scheme 440 £4.40 per week £19.06 per month	Scheme 550 £5.50 per week £23.84 per month	Scheme A £6.60 per week £28.60 per month	Scheme B £9.00 per week £39.00 per month	Scheme C £11.00 per week £47.67 per month	Scheme D £14.00 per week £60.66 per month
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Three Month Trial Offer

Tick here if you are upgrading from your FREE Trial and your chosen level will be discounted by £4.33 per month for the first 3 months. (Available on schemes 100 to A when first joining only)

About You

Company/Division

Surname

Forename Other Initials

Mr/Mrs/Miss/Ms/Other Date of Birth Day Month Year

Address

Postcode

Tel: Work Tel: Home

Mobile

Email

2 - Cover for your family

(Permanently living with you) - included at no extra cost

Your Spouse/Partner

Spouse/Partner Surname

Spouse/Partner Forename(s)

Spouse/Partner Day Month Year
 Date of Birth

Children (children must be under 18 years of age)

Child's Surname

Child's Forename(s)

Child's Day Month Year
 Date of Birth

Child's Surname

Child's Forename(s)

Child's Day Month Year
 Date of Birth

Please add any additional children on a separate sheet of paper and include it with this application form.

3 - Medical Information

Your cover has to be based on the information you supply on the whole of this application form. You must be satisfied that it is correct to the best of your knowledge and belief. To withhold or fail to disclose relevant facts (or to knowingly give false information) about the health and / or treatments of all persons to be covered could affect the benefits we are able to offer or could seriously influence your cover in the event of a claim. It could also lead to termination of cover or even be considered a criminal offence.

Please state any long term / chronic / congenital conditions even if at present under control and indicate to whom these apply. PLEASE TICK BOX (if using 'Other' section, please state conditions in full and avoid abbreviations)

Condition/Illness	Name	Date symptoms began
<input type="checkbox"/> Arthritis PLEASE STATE PART(S) OF BODY AFFECTED BELOW <input type="checkbox"/> Asthma/Chest problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Raised blood pressure/Angina <input type="checkbox"/> Clinical Obesity <input type="checkbox"/> Congenital (conditions from birth) PLEASE STATE <input type="checkbox"/> Other PLEASE STATE		

Please list other illnesses / operations, either current or in the past (stating conditions in full and avoid abbreviations). Also list any medication being taken currently and state the condition / illness requiring the treatment.

Condition/Illness	Name	Date symptoms began

4 - Authority for deduction from pay for HSF health plan

This is the scheme I wish to join and have the amount indicated deducted from my pay/pension (PLEASE TICK)

Scheme 100 £1.00 per week £4.33 per month	Scheme 220 £2.20 per week £9.54 per month	Scheme 330 £3.30 per week £14.30 per month	Scheme 440 £4.40 per week £19.06 per month	Scheme 550 £5.50 per week £23.84 per month	Scheme A £6.60 per week £28.60 per month	Scheme B £9.00 per week £39.00 per month	Scheme C £11.00 per week £47.67 per month	Scheme D £14.00 per week £60.66 per month
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PLEASE COMPLETE THE SECTIONS BELOW WHICH ARE APPLICABLE TO YOUR PARTICULAR EMPLOYER

Department

Branch / Location

National Insurance Number

Pay No. / Pension No.

Pay/Pension Office

This authority replaces the existing authority for deductions of

£	p
<input type="text"/>	<input type="text"/>

New Deduction

£	p
<input type="text"/>	<input type="text"/>

Company contribution (if applicable)

£	p
<input type="text"/>	<input type="text"/>

Pay frequency PLEASE TICK

Weekly Fortnightly Four weekly Monthly Five Weekly

Your pay department will commence deductions as soon as possible after receipt of this mandate form from HSF health plan.

Your pay advice should be checked to ensure that this request has been correctly applied.

5 - Direct Payment of Claims *Alternatively you may provide this later.*

To enable claims to be paid direct into your bank account, please supply your Account Number and Sort Code (these can be found on your cheque or bank card). We cannot pay into savings accounts. This information will not be used to collect premiums.

Your Account Name

Your Account Number Sort Code — —

6 - Signature

I wish to join HSF health plan at the scheme indicated. I authorise my employer to deduct from my pay/pension each month the sum shown, and remit to HSF health plan. If my pay/pension is not paid for any reason any premium arrears should be deducted when my income resumes.

Declaration

I declare that I and all persons covered by this application for whom claims may be submitted are in good health and are not receiving or needing any form of medical treatment and have not had any medical conditions in the past for which treatment is not at present necessary. If this is not the case I have declared all relevant health information on this application form. I understand that no claim will be accepted in respect of any conditions which existed or for which symptoms were present before registration or which began during the qualifying periods; nor for any developments of existing conditions; nor for any recurrence of conditions which have existed in the past; nor for any hereditary, congenital or perinatal conditions which may already exist but which manifest symptoms only after cover commences, and that this application is accepted only on these terms. (Policyholders increasing from one scheme to another may be able to receive benefit at their former scheme rate for such conditions and will be advised if this is possible).

I confirm that no advice has been received regarding this application from HSF or my employer. I agree to HSF and Chubb holding data relevant to my scheme registration. I agree to abide by HSF rules and conditions and the right of the Board of Directors to vary them and the range or rates of benefits or premiums if deemed necessary. I declare that all the information I have given on this application form is true and complete to my knowledge and belief and that if found to the contrary HSF shall be free to cancel cover at any time.

Signature

Date

Where did you hear about HSF health plan?

HSF health plan uses the information given above for its own purposes. Any communications which you may receive are directly related to HSF services and those of the Hospital Saturday Fund.

Recorded in Wages Dept.	Initials	Date
	<input type="text"/>	<input type="text"/>

Noted by HSF	Initials	Date	New
	<input type="text"/>	<input type="text"/>	Change

To: HSF HEALTH PLAN
FREEPOST RTHJ-GHRG-YKLE
LONDON
SE1 9PD